

**TRANSMITTAL
FORM**

Application Serial Number	09/441,875
Filing Date	November 17, 1999
First Named Inventor	Charlton
Group Art Unit	1641
Examiner Name	Do, Pensee T.
Attorney Docket No.	CWP-012CN3
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment and Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	

CORRESPONDENCE ADDRESS

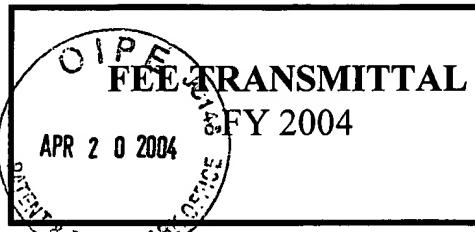
Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

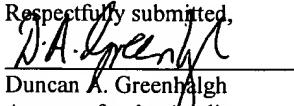
Respectfully submitted,

Duncan A. Greenhalgh
 Atty/Agent for Applicant(s)
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

Express Mail Mailing Label No. EV399913525US



Complete if Known	
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METHOD OF PAYMENT		FEE CALCULATION (continued)		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES		
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
3. <input type="checkbox"/> Applicant claims small entity status.				Fee Paid
FEE CALCULATION				
1. FILING FEE				
Large Entity				
Fee (\$)	Fee Description	Fee Paid		
770	Utility filing fee			
340	Design filing fee			
160	Provisional filing fee			
Number Filed	Number Extra	Rate	Amount	
Total Claims	- 20 =	x \$ 18.00 =		
Independent Claims	- 3 =	x \$ 86.00 =		
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$290.00 =		
TOTAL:				
SMALL ENTITY DISCOUNT:				
SUBTOTAL (1)		(\$)		
2. AMENDMENT CLAIM FEES				
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total 49	- 35 =	14	x \$ 18.00 =	252.00
Indep. 6	- 4 =	2	x \$ 86.00 =	172.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$290.00 =		
TOTAL:		(\$424.00)		
SMALL ENTITY DISCOUNT:		(\$)		
SUBTOTAL (2)		(\$424.00)		
SUBTOTAL (3) (\$ 950.00)				
SUBTOTAL (1) (\$424.00)				
SUBTOTAL (2) 424.00				
SUBTOTAL (3) 950.00				
TOTAL (\$ 1,374.00)				
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK		
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		<p>Respectfully submitted,  Duncan A. Greenhalgh Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110</p>		